



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ENVIRONMENTAL SERVICES  
WATER DIVISION  
29 HAZEN DRIVE, PO BOX 95  
CONCORD, NEW HAMPSHIRE 03302-0095  
(603) 271-2858

## REGISTRATION AND NOTIFICATION FORM FOR STORM WATER INFILTRATION TO GROUNDWATER (5D2 / 5D4)

### Facility Information

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Property Deed Reference Book: \_\_\_\_\_ Page: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Lot # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Facility Owner Information

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Property Owner Information (complete only if different from facility owner)

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Facility Operator's Information (complete only if different from facility owner)

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Person Information (complete only if different from facility owner)

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Complete this form if you are using a drywell or other subsurface infiltration structures to recharge storm water to the ground or groundwater.*

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Please provide a complete description of the facility including historic uses, any former contamination and/or on-going remedial action at the site: \_\_\_\_\_

\_\_\_\_\_

Please provide information concerning the location of the infiltration activity, include locus map, e.g., USGS map:

\_\_\_\_\_

Please describe the pretreatment system (if any) and capacity of the system: \_\_\_\_\_

\_\_\_\_\_

Please describe the materials and products used for the subsurface infiltration structure, e.g., pipe and stone leachfield, plastic chamber units, concrete drywell, etc.: \_\_\_\_\_

\_\_\_\_\_

Please describe the disposal method and location. Include a site plan showing: the infiltration structure, any other on-site infiltration structures, dimensions, depth to groundwater (if known), adjacent septic system(s), and drinking water source(s): \_\_\_\_\_

\_\_\_\_\_

Please provide information concerning methods and schedule for periodic inspection and/or maintenance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To the best of my knowledge, the information I have provided on this form is true and correct. I will notify DES if I do not act according to the intentions I have stated on this form.**

\_\_\_\_\_  
**Signature of Facility Owner**

\_\_\_\_\_  
**Date Signed**

**For additional information on Discharges to Groundwater or the Underground Injection Control (UIC) Program, contact the program coordinator at (603) 271-2858 or send e-mail to [mitchell.locker@des.nh.gov](mailto:mitchell.locker@des.nh.gov)**